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ABSTRACT

This study investigated the incidence of alcohol and/or drug abuse within families of emotionally disturbed/behaviorally disordered children, and the effectiveness of an alcohol and drug awareness curriculum for these children. Subjects were 116 children, aged 6-15, attending a residential and day treatment center. While 35.3% of the children were from families with no substance abuse reported, 52.6% of the children had an immediate family member abusive of alcohol and/or drugs, and 12.1% of the children had an extended family member abusive of alcohol and/or drugs. A training program, "Drug and Alcohol Awareness Curriculum," provided students with current, accurate alcohol and drug information, decision-making practice, and values clarification exercises. Pre-testing, post-testing, and follow-up testing was conducted to measure program effectiveness. Findings indicated significant differences between pre-test and post-test scores for the total group. A comparison of post-test scores and follow-up scores indicated no difference for children from addicted families but significantly different scores for children from families with no documented addiction, suggesting that retention of the information was greater in children from homes with drug and/or alcohol abuse. (JDD)

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The Effectiveness of an Alcohol and Drug Awareness Program on Emotionally Disturbed Children

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Paper presented at the Annual Convention
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Abstract

The incidence of alcohol and/or drug abuse within families of emotionally disturbed/behaviorally disordered children was investigated, as was the effectiveness of an alcohol and drug awareness curriculum on these children. Presented within a school program, the curriculum provided students with current, accurate alcohol and drug information, decision-making practise and values clarification exercises. Pretesting, posttesting and follow up testing was conducted to measure program effectiveness.. A high incidence of alcohol and/or drug abuse in families of this population was found. Findings indicated significant differences between pretest and posttest scores for the total group. A comparison of posttest scores and follow up scores indicted no difference between these scores for children from addicted families but significantly different scores between posttest and follow up for children from families with no documented addiction. Results suggested that retention of the information was greater in children from homes with drug and/or alcohol abuse.

The Effectiveness of an Alcohol and Drug Awarenss Program on Emotionally Disturbed Children

Alcohol and drug abuse has become a national problem. This is evidenced by staggering prevalence rates for drug and alcohol use and abuse in the United States as well as the recent committment of the federal government to fight the drug problem with the creation of the National Enforcement Agency and the appointment of William Bennett as the "Drug Enforcement Czar". Ackerman (1983) has stated that 10% of all American children are being raised in alcoholic homes. This suggests that between 25 and 28 million children are being raised by alcoholics (Tharinger, Koranek, 1988).

Children of alcholics have been described as one of the most prevalent high-risk groups in the United States (Werner, 1986). They have also been described as invisible, undetected and ignored (Ackerman, 1983). Although all children of alcoholics are not equally affected (Tarter, Hegedus, & Gavaler, 1985; Tharinger & Koranek, 1988), they are often victims of birth defects, deprived of emotional and physical supports, learn faulty ways of dealing with problems, lack trust and often lose sight of values (Ackerman, 1983). Children of

alcoholics are prone to learning disabilities, attention deficit disorder and anxiety disorders (Gress, 1988). They are four times more likely to be hyperactive and conduct disordered (Tharinger & Koranek, 1988).

Children of alcoholics are at four times greater risk than others for alcoholism (Gress, 1988). Johnston, O'Malley and Bachman (1986) has listed prevalence rates for alcohol use for high school females at 28% and for high school males at 45% . He has further delineated that one in 20 high school seniors drinks daily and that 56% of high school seniors begin to drink before they enter high school. Tobia (1986) has placed the figures for twelve to seventeen year olds who are regular drinkers at 26%.

Many children referred for residential treatment have been described as coming from dysfunctional families who present severe pathology and chronic problems (Fenby, Joffe & Wilson, 1988). They have experienced sexual and/or physical abuse and neglect. Many have experienced family disintegration and rejection as well (Kagan & Schlosberg (1988). Although it may be reasonable to assume that abuse of alcohol and drugs exacerbates the chronic disorganization within the familiies of these children, the incidence of

alcohol and drug abuse in families of this population is not clearly specified. There were two goals for the present study. The first goal was to delineate the incidence of alcohol/drug abuse in the population of children referred for residential and day treatment. The second goal of the study was to document the differential effects of an alcohol and drug awareness program on children within this population.

Method

Subjects

Subjects for the study included the total population of students (N=116) attending a residential and day treatment center for emotionally disturbed/behaviorally disordered children. Children ranged in age from six to 15 years with an average age of 11.4 years. Fifty-three percent of the students were not taking psychotropic medications while 47% of the students were taking prescribed psychotropic medications. Thirty-three percent of the students attended the treatment center on a day basis while 67% of the students lived in the residence. There were four times as many males (81%) as females (19%) represented in the sample studied. Records of all students were consulted in order

to determine the level of addiction in the child's family. Categories for family addiction were delineated. These included 1) no substance abuse; 2) immediate family alcohol addiction (either parent or parent figure of the child was characterized in the child's record as an alcohol abuser); 3) extended family alcohol addiction (grandparents, siblings or other extended family members were characterized in the child's record as an alcohol abuser; 4) immediate family drug abuse (either parent or parent figure of the child was characterized in the child's record as involved in drug abuse); 5) extended family drug abuse (grandparents, siblings or other extended family members were characterized in the child's record as an involved in drug abuse; 6) immediate family alcohol and drug addiction/abuse (either parent or parent figure of the child was characterized in the child's record as involved in multiple substance abuse); 7) extended family alcohol and drug addiction/abuse (grandparents, siblings or other extended family members were characterized in the child's record as an involved in multiple substance abuse; in this case both types of substance abuse were contained in the child's record). Although there were a number of children who fit into more

than one category, a determination was made as to the best fit for each child based on additional information gathered from the child's record. Table 4 indicates the incidence of substance abuse in the families of the children studied. A review of this table reveals that while 35.3% of the children studied were from families with no substance abuse reported, 41.4 % of the children were characterized as children of alcoholics. For purposes of analysis these categories were collapsed to make up three levels of addiction. These included children from families with no addiction, children with an immediate family member abusive of alcohol or drugs or both and children with an extended family member abusive of alcohol or drugs or both.

Insert Table 1 about here

Training Program

The training program included a Drug and Alcohol Awareness Curriculum, written by the staff at the treatment center. The curriculum which included four difficulty

levels was presented during the social studies classes, two to three hours per week for a period of five weeks. The curriculum program sought to expose students to and familiarize them with information regarding drug and alcohol use and abuse. The basic concepts of the curriculum included the notion that any substance put into one's body affects it and that each indivdual has the responsibility to protect his or her body. The curriculm provided current, accurate alcohol and drug information, gave children a "don't abuse drugs" message, promoted self esteem and taught basic problem solving and decision making skills regarding alcohol and drug related issues. Specific objecives were delineated at each level for the students to master. Objectives included both informational learning and values clarification. Specific lessons plans for the curriculum were the responsibility of the classroom teachers and included such activities as discussions, filmstrips, movies, worksheets, collage-making, list preparations, time management charting and reading materials, role playing, coaching and modeling. A total of six hours of inservice training was provided for all staff prior to program implementation. The inservice training included values

clarification and informational training for the teachers and was provided by staff from a hospital-based alcohol treatment center.

Procedure

All testing was conducted by the classroom teachers in the student's classroom. The pretest was administered on the first day of the program. The second testing (posttest 1) was administered at the conclusion of the five week period. The third testing (posttest 2) was conducted nine week after the first posttest. The reason for the administration of the second posttest was to determine if students would maintain achievement levels nine weeks after the termination of the program. The pretests and posttests consisted of multiple choice, true/false and short answer questions.

Multiple analyses were performed on the data. Analyses included T-tests which examined differences between pretest, posttest1 and posttest2 scores by level of addiction. Separate multiple analyses of variance were conducted with level of family addiction (no addiction, immmediate family addiction, extended family addiction), medication, type of treatment (day/residential), sex and level of the curriculum

(kindergarten through grade 2, grades 3-4, grades 5-6 and adolescent level) as the factors.

Results

Comparisons of the pretest and posttest1 scores for the total group were significant ($p<.001$) as were scores comparing pretest and posttest2 ($p<.001$) and posttest1 and posttest2 ($p<.052$). The average score for the total group for the pretest was 58.9% while the average score for the total group on posttest1 and posttest2 were 72.2% and 69.0% respectively. Investigation of these scores by group shows an interaction between posttest scores and level of addiction. Children whose extended families showed reported abuse and children from families with no reported abuse scored signifcantly different from posttest1 to posttest2, while children from addicted families did not show a significant change in score from posttest1 to posttest2. These comparisons are listed in Tables 2, 3 and 4 and depicted in Figure 1.

Insert Table 2 about here

Insert Table 3 about here

Insert Table 4 about here

No main effects for pretest and posttest1 data for medication, sex, and type of treatment were found. However posttest2 showed main effects for type for treatment. Children in residential treatment scored significantly higher on posttest2 than day students ($p<.012$). These results are depicted in Table 5. Significant main effects for level of curriculum were also found and are shown in Table 6 for all testtimes. No interactions among the facotrs of medication, sex, type of treatment, level and family background were found. However, an interaction was found between level of curriculum and testttime. Separate analysis revealed that children who took the kindergarten-2 level had a higher rate of retention than adolescents.

Discussion

Results indicated a high incidence of reported alcohol and/or drug abuse in families within the population of children referred for residential and day treatment. Over 50% of the children in this study came from homes with some form of substance abuse. Alcohol abuse was found to be more prevelant than drug abuse in these families. Since alcohol abuse has been termed a disease of denial, the numbers indicated here may be a low estimate of the actual numbers of children in the addicted groups. This suggests that alcohol and drug awareness education may be an important area of intervention for children and families in this type of program. This is particularly important in light of the suggestion that children of alcoholics are an at-risk population for alcohol and drug abuse.

It is interesting to note that there were no differences in the amount of alcohol information between the children from addicted homes and nonaddicted homes at the start of the study. This may suggest that although children have been exposed to alcohol and drug abuse, their informational understanding of the subject matter is, in fact no different than children from homes with no or little

exposure to alcohol and drug abuse. Sex differences were not found in the study. Medication was not a factor in this study. Apparently, a child who has had prescribed psychotropic medication has no greater fund of alcohol and drug information than children who have had no medication prescribed.

Results indicated that as a group, children in residential and day treatment benefited, at least in the short term, from the alcohol and drug awareness curriculum program. Children from families with reported alcohol and drug abuse showed longer lasting effects of the curriculum. It may be that children who witness alcohol and drug abuse were more motivated to learn the material covered by the curriculum and thus retained it longer. The effects of the curriculum were greater and longer lasting for children from addicted homes. It may be suggested that one retains information that is of importance to one's life longer than information that carries less meaning.

Results also showed that children in the residential program retained the alcohol and drug information signficantly longer than the children in the day school program. This may suggest that the effects of the 24-hour

milieau enhanced the learning of this material; perhaps the curriculum was reinforced by the child care staff after the school hours. Alternately, it may be that children in the residential program were from homes with more chronic abuse of alcohol and drugs and thus the material was more pertinent to these children as a group. However, since no interaction was found between level of addiction and type of treatment, this speculation is not supported.

Three limitations of the study should be considered when interpreting the results. The first limitation involves the method of categorizing children from families with multiple kinds of problems into immediate, extended and no familiy addiction. The categories were arbitrarily formed and the effects may not reflect the severity of family addiction, as was intended. The reliance on the child's records for placing the children into appropriate categories may have led to the formation of unreliable groups.

The second limitation is the instrument used to measure the affects of the curriculum. Differential effects of the four levels of the curriculum were signficant. The children who took that grades 3-4 test scored higher than

children who took the other levels. These scores may be due to the test themselves. The tests at each level were different and contained true/false questions, multiple choice, fill-ins, matching, and short answer questions. The short answer questions were difficult to score. In some cases it was suggested that the test measured the students ability to express himself in writing rather than the information learned. Future tests may include more objective measures. Additionally the student's took the instrument three times and familiarity with the test format may have accounted for the change in scores from pretest to posttest1 and should be considered when evaluating the findings.

A third limitation of the study includes the long term impact of the program, such as later experimentation and use/abuse of alcohol and drugs. One can only hope the information learned will help prevent children who are at risk from developing substance abuse problems. This is of particular concern, especially since the results seem to indicate that the adolescent population retained the information covered by the curriculum less well than the younger students.

In conclusion, there was a high incidence of alcohol/drug abuse among the families of children attending a residential and day treatment center for emotionally disturbed/behaviorally disordered children. Over 50 percent of the children were from homes where an immediate caretaker was reported as an alcohol or drug abuser. After a five week study of alcohol and drug information, the total group showed significant gains in their understanding of alcohol and drug information. These gains continued to be significant after a nine-week follow up. Comparison of posttest and follow up scores demonstrated sustained gains for the children from alcoholic and/or drug abusive families but not for children from nonaddicted/nonabusive families. Results also suggested that children in the residential program retained more information over time than children in the day school program. Alcohol and drug abuse may be a critical factor in the lives of many children in treatment for emotional disturbance/behavioral disorder. This study suggests that school-based alcohol and drug awareness training programs may be effective in increasing students' knowledge of alcohol/drug use, misuse and abuse. Further study might seek to identify the effects of this type of

program on students' attitudes and attitude change. Other variables for investigation include the interaction of self esteem and program effectiveness and the effects of teacher training programs on program effectiveness. Additional study concerning the long term effects of awareness programs is also indicated.

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Table 1

Incidence of Substance Use/Abuse in Families of Emotionally Disturbed Children

Level of Addiction	N	%
No Substance Abuse	41	35.3
Immediate Family Abuse		
Alcohol Abuse	31	26.7
Drug Abuse	13	11.2
Both	17	14.7
Total	61	52.6
Extended Family Abuse		
Alcohol Abuse	13	11.2
Drug Abuse	1	.9
Both	0	0
Total	14	12.1
Total Group	116	100

Table 2

Pretesting to Posttesting1 Scores by Level of Addiction and for the Total Group

	Pretest	Posttest1	Level of Significance
No addiction	57.0	71.0	.001
Immediate Family addiction	61.5	74.0	.001
Extended Family addiction	54.4	68.5	.001
Total Group	58.9	72.2	.001

Table 3

Pretesting to Posttesting2 Scores by Level of Addiction and for the Total Group

	Pretest	Posttest2	Level of Significance
No addiction	57.8	64.4	.01
Immediate Family addiction	61.8	72.6	.001
Extended Family addiction	53.2	66.6	.007
Total Group	58.9	69.0	.001

Table 4

Posttesting1 to Posttesting2 Scores by Level of Addiction and for the Total Group

	Postest1 Score	Posttest2 Score	Level of Significance
No addiction	71.8	65.9	.04
Immediate Family addiction	73.7	72.8	N.S.
Extended Family addiction	68.0	66.6	N.S.
Total Group	72.2	69.0	.05

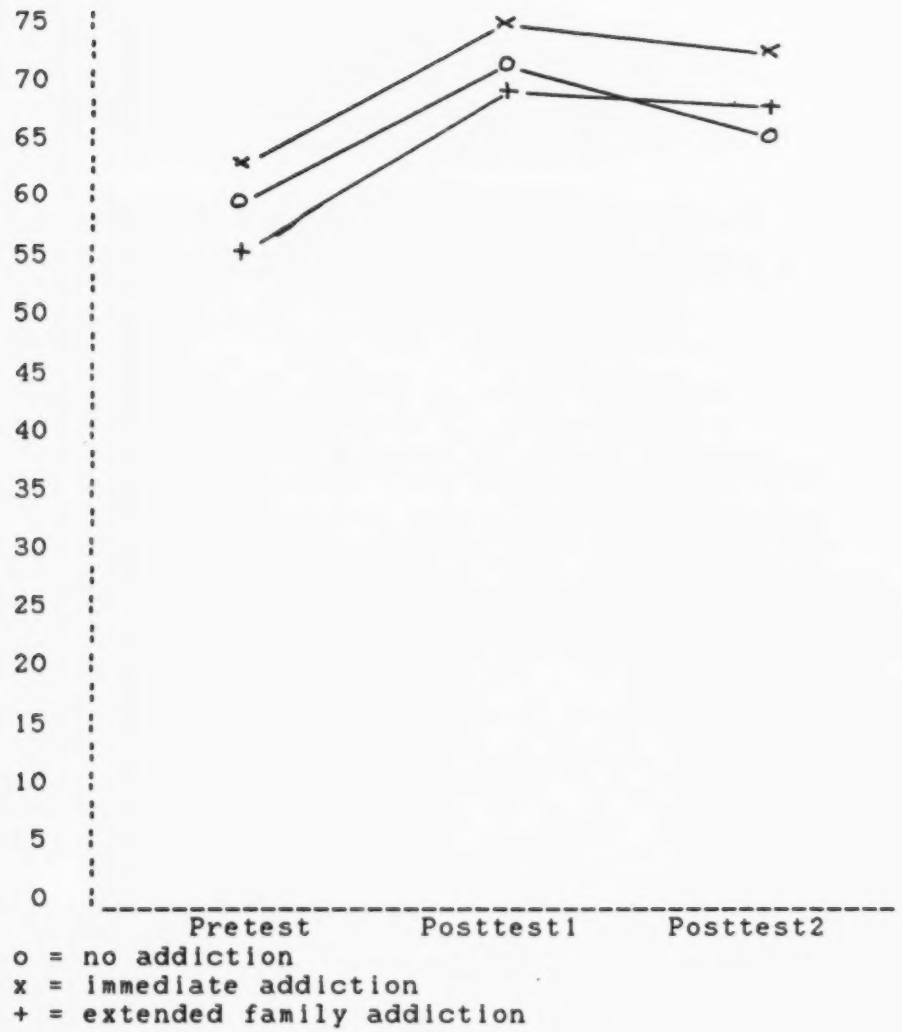

Figure 1. Scores on pretest, posttest1 and posttest2 for no addiction group, immediate family addiction group and extended family addiction group.

Table 5

Pretest, Posttest1 and Posttest2 Data for Type of Treatment

	Pretest	Posttest1	Posttest2
Treatment			
Day	57.0	68.3	62.9
Residential	59.1	73.7	71.9

Table 6
Group Scores of Pretest, Posttest1 and Posttest2 by Level of Curriculum Presented

	Pretest	Posttest1	Posttest2
Level of Curriculum			
Kindergarten - 2	58	71	73
Grades 3 - 4	70	81	81
Grades 5 - 6	59	76	72
Adolescent level	47	59	50